FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000073656**1. Corporation Name

WEST STAR INTERNATIONAL, INC.

		-	_
Principal	Place	of Business	í

Mailing Address

1500 COLONIAL BLVD., SUITE 103 ET, MYERS EL 23907

1500 COLONIAL BLVD., SUITE 103

FT MYFRS FL 33907

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90247 034 ***150.00



II. MILIO IL	33307	11. MILIO PL 00007		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qu	alifed		
					08/25/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	•	<u> </u>	4. FEI Number		Арр	lied For
27 16520	S. Jumiami TV.	26 16520 S. Tu	mian	21 TXC	65-0776854		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Des	ired 🗌	\$8.75 Ac Fee Req	
City & State	TYLVS. FI to	City & State 28 Ft. Myers	, Fl	,	Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 N Added to	-
Zip	Country	Zip	Country		8. This corporation owes the	ne current year In		
24 33 <i>90</i>	8 25 66	29 3340 8 3	0		Personal Property Tax.		Yes [□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered	Agent	
			81	Name 7	orstin Jos	upit		
	IGAN, JOHN P JR.		82		ress (P.O. Box Number is Not A	ccestable)		
	COLONIAL BLVD., SUITE 103			222	SW 42 no	Stre	'C7	
FI. N	MYERS FL 33907		83					
			84	City			85 Zin C	ode
				City .	Cape Gral	FL	- 33	914_
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes	the above	-named corp	poration submits this statement	or the purpose of	f changing its r	egistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was/autr	lo∦izeo by t la/Statujes.	ne corporati	on's board of directors. Thereby	accept the appo	i as reg	istered
	Torsten Josup		1. /X+	Y	,	4/25	-/ 79	
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent	s gnature recaire	ed when reinstating)	DATE	1	
12.	OFFICERS AND		13.	(ADDITIONS/CHANGES			_
TITLE	D	☐ DELETE (1.1 TITLE	\mathcal{D}	To To	reten	Change	Addition Addition
NAME	Josupeit, Torsten		1.2 NAME		Josupeil, To as sw Hand St ape Coml, F	, 3,001		
STREET ADDRESS	BLUMENBERGER STRASSE 14		1.3 STREET	ADDRESS 2	22 SW HANG SI	.	3391	4
CITY-ST-ZIP	39122 MAGDEBURG GERMANY		1.4 CITY-ST	-ZIP 🙋	ape com/ , -		<u> </u>	
TITLE		□ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY- ST	r-ZIP				
TITLE		☐ DELETE	3_1 TITLE				Change	☐ Addition
NAME			32 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST	r-ziP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				FT 6 3 354
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	-		5.2 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	-ZiP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST	- ZiP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.